



BARBARA K. CEGAVSKE  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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Office of the  
Secretary of State

*Barbara Cegavske*

Barbara Cegavske  
Elections Division

State of Nevada  
**Committee for Political Action  
(PAC)**  
Registration Form  
Page 1

JStokes  
**1/15/2016**

#1689

ABOVE SPACE IS FOR OFFICE USE ONLY

<input type="checkbox"/> New Registration	<input type="checkbox"/> PAC (Advocating Passage or Defeat of a Ballot Question)
<input checked="" type="checkbox"/> Annual (Due on or before January 15th of <u>each</u> year; NRS 294A.230(3)(b))	
<input type="checkbox"/> Amended Registration: check all that apply	<input type="checkbox"/> Change Officers <input type="checkbox"/> Change Registered Agent <input type="checkbox"/> Change Address
<input type="checkbox"/> Change Name	<input type="checkbox"/> Change Address
<input type="checkbox"/> Other: <input type="text"/>	

Name of Committee:	Telephone:		
<input type="text" value="Sagebrush Leadership Fund"/>	<input type="text" value="702-522-1645"/>		
Mailing Address:			
<input type="text" value="8250 W Charleston Blvd, Suite 100"/>	<input type="text" value="Las Vegas"/>	<input type="text" value="NV"/>	<input type="text" value="89117"/>
Street Name, Number	City	State	Zip Code
PAC Active Email Address: <input type="text"/>			

**PURPOSE:** Briefly state the purpose for which the PAC was organized.

To support public policy issues that benefit Nevada and assist candidates for public office

**REGISTERED AGENT:** pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:	Telephone:		
<input type="text" value="Charlie B. Roy"/>	<input type="text" value="702-522-1645"/>		
Physical Address:			
<input type="text" value="8250 W Charleston Blvd., Suite 100"/>	<input type="text" value="Las Vegas"/>	<input type="text" value="NV"/>	<input type="text" value="89117"/>
Street Name, Number	City	State	Zip Code

**REGISTERED AGENT ACCEPTANCE:** I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

☒   
Signature of Registered Agent

Date:



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**OFFICERS:** List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:  Telephone:   
Charlie B. Roy  702-522-1645

Mailing Address:   
8250 W Charleston Blvd, Suite 100  Las Vegas  NV  89117   
Street Name, Number City State Zip Code

Officer Name and Title:  Telephone:

Mailing Address:   
     
Street Name, Number City State Zip Code

Officer Name and Title:  Telephone:

Mailing Address:   
     
Street Name, Number City State Zip Code

Officer Name and Title:  Telephone:

Mailing Address:   
     
Street Name, Number City State Zip Code

**AFFILIATIONS:** If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:  Telephone:

Mailing Address:   
     
Street Name, Number City State Zip Code

Name of Organization:  Telephone:

Mailing Address:   
     
Street Name, Number City State Zip Code

Name of Organization:  Telephone:

Mailing Address:   
     
Street Name, Number City State Zip Code

**SUBMITTED BY:**

X  Printed Name:  Date:  Telephone:   
Charlie B. Roy  01/12/2016  702-522-1645

Signature of Representative of Group